Interior
Health Authority

2015/16 – 2017/18
SERVICE PLAN

July 2015

Interior Health
Every person matters

BRITISH
COLUMBIA

For more information on the
Interior Health Authority
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Accountability Statement

As Chair of the Board of Directors, I am pleased to present *Interior Health's 2015/16-2017/18 Service Plan*. With quality as the Board's organizing principle, we work with management, staff and medical staff across the health authority to support the population health needs of the residents of the Central and Southern Interior of British Columbia by promoting healthy lifestyles and providing needed health services in a timely, caring and efficient manner to the highest professional and quality standards.

Balancing patient, client and resident needs with accountability for taxpayer affordability in the continued annual growth of health care expenditures is central to our planning and activities. It is with these two issues at the forefront of our mind that we have prepared this document.

The health authority's *Service Plan* was prepared under the Board's direction in accordance with the *Health Authorities Act* and the *Performance Reporting Principles for the British Columbia Public Sector*. The plan is consistent with government's strategic priorities and fiscal plan. The Board is accountable for the contents of the plan, including what has been included in the plan and how it has been reported.

Erwin J. Malzer

Board Chair

July 21, 2015

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Organizational Overview

Interior Health is mandated by the *Health Authorities Act* to plan, deliver, monitor, and report on publicly funded health services for the people that live within its boundaries. Interior Health's Vision, Mission, Values, and Guiding Principles inform how it delivers on its legislated mandate.

Interior Health provides health services to over 725,000 people across a large geographic area covering almost 215,000 square kilometres, the geography of which includes larger cities and a multitude of rural and remote communities. Population health needs across the continuum of care drive the mix of services and enabling supports Interior Health provides. This continuum includes staying healthy, getting better, living with illness, and coping with end of life.

Structurally, Interior Health has both service delivery and support portfolios. Service delivery portfolios include:

- Community Integrated Health Services
- Residential Care
- Acute Services

Vision
To set new standards of excellence in the delivery of health services in the Province of British Columbia.

Mission
Promote healthy lifestyles and provide needed health services in a timely, caring and efficient manner, to the highest professional and quality standards.

Our Values
Quality, Integrity, Respect, Trust.

Our Principles
Innovative, Clear and Respectful Communication, Continual Learning and Growth, Teamwork, Equitable Access, Evidence-based Practice.

A variety of support portfolios enable the delivery of care. These include (but are not limited to): Medicine and Quality, Human Resources, Professional Practice, Infection Prevention and Control, Information Management/Information Technology, Laboratory Services, Diagnostic Imaging, Pharmacy, Planning, Allied Health, Financial Services, Food Services, Housekeeping, Laundry, and Communications and Public Affairs.

Service delivery is coordinated through a regional "network of care" that includes hospitals, community health centres, residential and assisted living facilities, housing supports for people with mental health and substance use issues, primary health clinics, homes, schools, and other community settings. Health services are provided by Interior Health staff and through contracted providers.

Interior Health is governed by a nine-member Board of Directors appointed by and responsible to the Provincial Government. The primary responsibility of the board is to foster Interior Health's short- and long-term success while remaining aligned with its responsibilities to Government and stakeholders.

The day-to-day operations of Interior Health are led by the Chief Executive Officer and a team of senior executives. The Senior Executive Team is responsible for leading strategic and operational services for the health authority and for meeting the health needs of the region in an effective and sustainable manner. Further information about Interior Health's service sectors, Senior Executive Team, and board policies that may be of interest to stakeholders can be accessed at www.interiorhealth.ca.

Strategic Direction and Context

Strategic Direction

Interior Health receives its strategic direction from clearly identified government priorities set forth in *Setting Priorities for the B.C. Health System* and the Minister of Health's Mandate Letter. Successfully achieving Interior Health's strategic vision requires close collaboration with partners, including the Ministry of Health, physicians and health care providers, unions, patients and other stakeholders, in shaping and implementing key areas of focus. This collaborative approach aligns with the *Taxpayer Accountability Principles*, which strengthens two-way communication between government and provincial public sector entities, promotes cost control and helps create a strong, accountable relationship between government and agencies.

Strategic Context

Interior Health has made meaningful progress in improving services across a range of areas over the past several years. The health system in British Columbia is a complex network of skilled professionals, organizations, and groups that work together to provide value for patients, the public and taxpayers. Interior Health is addressing the unique needs of First Nations and Aboriginal populations by working closely with the First Nations Health Authority to ensure coordinated planning and service delivery efforts in support of B.C. First Nations' health and wellness objectives. Although the B.C. health system effectively meets the majority of the population's health needs, it continues to be challenged by an increasing demand for health services.

This service plan is based on an understanding of Interior Health's current operations, and of trends and challenges that may impact delivery of health care services into the future. When determining Interior Health's direction, the most significant drivers of rising demand are an aging population; the rising burden of illness from chronic diseases, mental illness and frailty; and advances in technology and pharmaceuticals that drive costly new procedures and treatments. Demand pressures are compounded by the need for new care delivery models by health professionals and health care workers, and the need to maintain and improve the health system's physical infrastructure (i.e., buildings and equipment). With the current economic challenges facing B.C., it is even more important for the health system to find new and creative ways to ensure the resources available for health care services are used effectively and in ways that most benefit the people of B.C. and Interior Health.

Challenges persist with respect to access to family physicians and primary care in many communities; providing access to child and youth mental health services and effectively treating some adult patients with moderate to severe mental illnesses and/or substance use; proactively responding to the needs of the frail elderly who may require complex medical supports and assistance with activities of daily living in order to remain living in the community; providing emergency response and emergency health care services in some rural and remote areas; emergency department congestion in some large hospitals; long wait times for some specialists, diagnostic imaging, and elective surgeries; stress on access to inpatient beds in some hospitals; and responding to the changing needs of patients in residential care in terms of dementia.

For more information on the B.C. health system, priority populations and key service areas, please see *Setting Priorities for the B.C. Health System*.

Goals, Objectives, Strategies and Performance Measures

Interior Health's ***Vision, Mission, Goals, Values, and Principles*** were affirmed in March 2013 and act as a platform upon which objectives and strategies are developed and advanced. Interior Health's Service Plan aligns with the strategic priorities contained in *Setting Priorities for the B.C. Health System* and the Ministry of Health *Service Plan* and is supported by a patient-centred culture and paradigm of *putting people first*, laying the foundational lens that *Every Person Matters*. This perspective promotes shared responsibility with people in their own care, fosters respectful collaboration between and among our health care professionals, staff, and the people and communities we serve. In essence, Interior Health is an organization that strives to embody our commitment to our patients and the public.

Interior Health Goal 1: Improve Health and Wellness

Objective 1.1: Enable people to live healthier lives by working at the environmental, policy, community, and individual levels to protect the health of the population and reduce health inequities.

Strategies

- Support people, communities, schools, workplaces, and health care settings in promoting healthy lifestyles and creating healthy environments by continuing to implement the *Healthy Families BC Policy Framework* with a focus on healthy communities, healthy eating, increased physical activity, tobacco reduction, moderate alcohol consumption, injury prevention, mental health promotion and immunizations with an emphasis on a healthy start. This includes promoting healthy pregnancy, breast feeding and positive reproductive mental health.
- Support the needs of First Nations and Aboriginal communities by collaborating with them, and the First Nations Health Authority, to plan and deliver culturally sensitive health services through the development of an organizational Aboriginal Health and Wellness Strategy that addresses improving mental wellness, advancing cultural competency, improving health equity, and ensuring meaningful participation in health care planning.
- Assess, recommend, and implement actions to improve the health of Interior Health's population.
- Partner with patients, clients, residents, and their families to participate, as they choose, in the delivery of their health care and in the planning, design, and evaluation of health services including continued support and meaningful participation with patients through the Patients as Partners/Patient Voices Network.

Performance Measure 1: Healthy Communities

Performance Measure	2011/12 Baseline	2015/16 Target	2016/17 Target	2017/18 Target
Percent of communities that have completed healthy living strategic plans	0%	42%	45%	50%
Data Source: Survey, Healthy Living Branch, Population and Public Health Division, Ministry of Health.				

Discussion

This performance measure focuses on the proportion of the 162 communities in British Columbia that have developed and are implementing joint healthy living strategic plans in partnership with their health authorities. Community efforts to support healthy living through joint planning, policy, and collaborative action are critical to improving the quality of life of individuals where they live, work, learn and play. Sustained community level actions will decrease risk factors and promote protective factors for chronic diseases and injury. Interior Health continues to advise communities and local governments on comprehensive healthy living plans while building closer working structures to facilitate health promotion at the community level.

Interior Health Goal 2: Deliver High Quality Care

Objective 2.1: Provide care that is accessible, safe, effective, evidence informed, and delivered in the most appropriate setting. This care will be respectful of and responsive to the preferences and values of patients, clients, residents, and their families.

Strategies

- Work with physicians and inter-professional teams to incrementally facilitate the establishment of team-based practices delivering services based on population and patient needs, including the needs of several key patient populations (patients with comorbid chronic illnesses, moderate to severe mental illnesses, and/or frailty) in order to to support patients and caregivers to effectively manage their own health.
- Improve integrated services for mental health and substance use (MHSU) clients by implementing the 2015/16-2018/19 MHSU Network Plan, including planning for substance use bed space expansion.
- Continue to improve services for the frail elderly through the implementation of strategies and initiatives such as the Behavioral and Psychological Symptoms of Dementia (BPSD) algorithm, the Call for Less Antipsychotics in Residential Care (CleAR) initiative, and the development of clinical decision support tools to reduce the number of fall-related injuries in residential care.
- Continue to make progress on the Interior Health-wide palliative/End of Life (EOL) Strategic Plan that aligns with the provincial Palliative/EOL Strategy and Action Plan, including planning for

hospice space expansion and working towards implementing Advance Care Planning and the Medical Orders for Scope of Treatment (MOST) policy.

- Improve access and care transitions through the guidance of the Access and Care Transitions (ACT) Strategy which is focused on improving access, flow, and transitions of care with a specific focus on the frail elderly population.
- Improve quality of and access to surgical services by using the new surgical governance structure effectively to set priorities and monitor achievement. Continuing the implementation of the Medical Device Reprocessing Quality Assurance Plan and waitlist management initiatives to meet ministry targets and ensure hip fracture fixation patients receive surgery within clinically acceptable time frames.

Performance Measure 2: Managing Chronic Disease in the Community

Performance Measure	2013/14 Baseline	2015/16 Target	2016/17 Target	2017/18 Target
The number of people with a chronic disease admitted to hospital per 100,000 people, aged 75 years and over (age-standardized)	3,536	3,504	3,303	3,102

Data Source: Discharge Abstract Database, Business Analytics Strategies and Operations Branch, Health Sector Planning and Innovation Division, Ministry of Health.

Discussion

This performance measure tracks the number of seniors with select chronic diseases such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. People with these chronic diseases need the expertise and support of health care providers to manage their disease in the community in order to maintain functioning and reduce complications that will require more medical care. This proactive disease management reduces unnecessary emergency department visits, hospitalizations and diagnostic testing. As part of a larger initiative of strengthening community based health care and support services, health care professionals are working to provide more appropriate care in the community and at home in order to help seniors with chronic disease to remain as healthy as possible.

Performance Measure 3: Community Mental Health Services

Performance Measure	2013/14 Baseline	2015/16 Target	2016/17 Target	2017/18 Target
Percent of people admitted to hospital for mental illness and substance use who are readmitted within 30 days, aged 15 years and over	16.1%	14.2%	13.2%	12.0%

Data Source: Discharge Abstract Database, Business Analytics Strategies and Operations Branch, Health Sector Planning and Innovation Division, Ministry of Health.

Discussion

With the release of *Healthy Minds, Healthy People*, a clear vision was established for addressing the complexities of mental illness and substance use. A number of interventions have been incorporated as part of British Columbia's health system which have successfully responded to individual patient needs. This measure focuses on the effectiveness of community-based supports to help persons with mental illness and substance use issues receive appropriate and accessible care and avoid readmission to hospital. Central to this effort is building a strong system of primary and community care which enhances capacity and provides evidence-based approaches to care.

Performance Measure 4: Access to Surgery

Performance Measure	2013/14 Baseline	2015/16 Target	2016/17 Target	2017/18 Target
Percent of scheduled surgeries completed within 26 weeks	88%	92%	95%	95%

Data Source: Surgical Wait Time Production (SWTP, Site 130), , Ministry of Health. Includes all elective adult and pediatric surgeries.
Notes:
1. Baseline is for surgeries completed from April 1, 2013 to March 31, 2014. Target percents are for surgeries completed in the fiscal year.
2. The total wait time is the difference between the date the booking form is received at the hospital and the date the surgery is completed.

Discussion

Expanded surgical activity and funding incentives, combined with continuous efforts to foster innovation and efficiency in our hospitals, continue to improve the timeliness of access to an expanding range of surgical procedures. BC currently has five priority levels, each with its own wait time target, that provides a benchmark for the time which patients with that priority level should wait for their surgery. This performance measure tracks whether scheduled surgeries are completed within the maximum established benchmark wait time of 26 weeks. Strategies are in place to address wait lists and to improve access with specific focus on serving patients who have been waiting the longest.

Interior Health Goal 3: Ensure Sustainable Health Care by Improving Innovation, Productivity, and Efficiency

Obejctive 3.1: Promote new ways of working to provide better service and reduce costs.

Strategies

- Implement innovative approaches and service delivery models. This includes:
  - Achieving financial targets and cost savings through exploration of consolidation opportunities, participation in Health Shared Services BC (HSSBC), and workforce utilization,
  - Implementing Lean/quality improvement in targeted service lines and prioritized projects.
- Develop health human resource plans including effective recruitment and retention strategies (e.g. to address rural recruitment/retention challenges), a learning and development strategy, and business continuity and succession plans.
- Enhance information management and technology solutions to meet population health service needs including strengthening health authority and intra-health authority telehealth services and related supports.
- Engage in community consultations and partner with community stakeholders. This includes strengthening connections with local elected officials and community stakeholders as well as working with directors and managers in all portfolios to identify and support community engagement opportunities to ensure the public voice is heard regarding potential service changes and health improvement.
- Manage drug formulary decisions and drug contracts in collaboration with the BC Health Authorities Pharmacy and Therapeutics Committee, Health Shared Services BC (HSSBC), and national buying groups to achieve the best therapeutic value for drugs.
- Improve access to information about patient medication use by integrating PharmaNet information with Interior Health health information systems by working collaboratively with the provincial Information Management Information Technology (IMIT) initiative.

Interior Health Goal 4: Cultivate an Engaged Workforce and a Healthy Workplace

Objective 4.1: Enhance relationships and encourage all who work at and volunteer with Interior Health to reach their full potential. Advance practices in the workplace that address health and safety issues and influence individual lifestyle choices.

Strategies

- Enhance a healthy and safe work environment, including developing and implementing wellness and safety initiatives as well as systems and programs to ensure effective leave, overtime, and performance management.
- Continue to implement a regional Violence Prevention Program, using a systemic and sustainable approach, to ensure the health and safety of all employees.
- Work towards reducing overtime through a variety of avenues including the Attendance Promotion Program, standardized Overtime Analysis Reports – done by Workforce Innovation Consultants, and the Casual Utilization Program.
- Improve employee engagement using metrics and tools from the Gallup Employee Engagement Survey and an Interior Health-wide revised engagement strategy.
- Deliver the BC Health Authority Leadership Development Collaborative leadership development strategy by offering leadership development to leaders across Interior Health.
- Enhance our capacity to manage change by providing direct change management support for organizational imperatives, developing change management evaluation processes, and implementing change mapping and support throughout Interior Health.

Performance Measure 5: Nursing Overtime

Performance Measure	2010 Baseline	2015/16 Target	2016/17 Target	2017/18 Target
Nursing overtime hours as a percent of productive nursing hours	3.0%	<= 3.3%	<= 3.3%	<= 3.3%

Data Source: Health Sector Compensation Information System, Health Employers Association of British Columbia.
Note: Based on calendar year.

Discussion

This performance measure compares the amount of overtime worked by nurses to the overall amount of time nurses worked. Overtime is a key indicator of the overall health of a workplace as high rates of overtime may reflect inadequate staffing or high levels of absenteeism. Reducing overtime rates by addressing the underlying causes helps promote both patient and caregiver safety while also reducing unnecessary costs to the health system.

The three-year targets are set at the same level to reflect the importance of maintaining nursing overtime at a low rate. To accomplish this, Interior Health has initiated several strategies which are geared towards supporting managers to reduce their overtime rates. The strategies apply to all employee groups and work towards reducing overtime through a variety of avenues, including overtime caused by short call shifts associated with sick calls, and new and improved reporting and analysis work to provide recommendations to departments and units that should lead to a reduction in overtime rates.

Resource Summary

($ millions)	2014/15 Actual	2015/16 Budget	2016/17 Plan	2017/18 Plan
OPERATING SUMMARY				
Provincial Government Sources	1,792.3	1,856.5	1,911.3	1,944.4
Non-Provincial Government Sources	154.9	156.4	159.2	161.9
Total Revenue:	1,947.2	2,012.9	2,070.5	2,106.3
Acute Care	1,079.1	1,129.4	1,156.8	1,160.5
HCC – Residential	367.8	373.4	383.5	402.8
HCC – Community	196.5	201.6	211.2	228.6
Mental Health & Substance Use	113.1	125.5	130.0	131.1
Population Health & Wellness	55.8	59.3	59.2	59.1
Corporate	132.7	123.7	129.8	124.2
Total Expenditures:	1,945.0	2,012.9	2,070.5	2,106.3
Surplus (Deficit)	2.2	0.0	0.0	0.0
CAPITAL SUMMARY				
Funded by Provincial Government	84.4	62.1	127.4	108.1
Funded by Foundations, Regional Hospital Districts, and Other Non-Government Sources	66.7	76.1	74.1	58.2
Total Capital Spending	151.1	138.2	201.5	166.3

Major Capital Projects

The following table lists capital projects that are currently underway and have a project budget greater than $2 million. Some of these projects commenced prior to the 2013/14 fiscal year, some are substantially complete, while others are in the planning stage and will be constructed over the next few years.

Community Name	Facility location	Project Name	Total Project Cost ($ million)
Facility Projects			
Kelowna	Kelowna General Hospital	Interior Heart and Surgical Centre	356.9 [1,2]
Penticton	Penticton Regional Hospital	Patient Care Tower	326.7 [1]
Kamloops	Royal Inland Hospital	Clinical Services Building	80.4 [1]
Vernon	Vernon Jubilee Hospital	Inpatient Bed Expansion	29.6 [1]
Cranbrook	East Kootenay Regional Hospital	ICU Redevelopment and Electrical Upgrade	20.0
Kamloops	Royal Inland Hospital	Surgical Services Expansion	3.6 [1]
Nelson	Kootenay Lake Hospital	Emergency Power System Upgrade	3.6
Vernon	Vernon Jubilee Hospital	Pharmacy Department Upgrade	2.2
Equipment			
Kelowna	Kelowna General Hospital	Hybrid OR	4.1

[1] Including planning costs

[2] Excluding reserves held by the Province

Appendices

Appendix A: Health Authority Contact Information

For more information about Interior Health and the services it provides, visit www.interiorhealth.ca or contact:

Interior Health Administrative Offices
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Appendix B: Hyperlinks to Additional Information

Ministry of Health - www.gov.bc.ca/health

Interior Health Authority - www.interiorhealth.ca

Fraser Health Authority - www.fraserhealth.ca

Northern Health Authority - www.northernhealth.ca

Provincial Health Services Authority - www.phsa.ca/default.htm

Vancouver Coastal Health Authority - www.vch.ca

Vancouver Island Health Authority - www.viha.ca

HealthLink BC - www.healthlinkbc.ca